

EXPRESS MAIL CERTIFICATE

"Express Mail" Label No.

EV 127 640 537 US

Serial No.

09/875,458

Applicant(s)

CULVER, Craig F.

PECFIVED

MA

Filing Date

06/05/2001

Technology Center 2600

Title:

Tactile Feedback Interface Device

Including Display Screen

Examiner

WU, Xiao Min

Group Art Unit

2674

Type of Document(s)

Express Mail Certificate;

Transmittal Form; Fee Transmittal Form;

Check # 55468 for \$750 RCE fee; Information Disclosure Statement; PTO/SB/08A (formerly 1449);

CD containing references;

Request for Continued Examination and

Return Postcard

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Carol McCabe (signature)

Date Mailed: May 13, 2003

51851-280615 WINLIB01:1006431.1

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PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
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		Application Number	er	09/875,458		
TRANSMITTAL MAY 1 3 2003 S FORM (to be used to all correspondence after initial filing)		Filing Date		06/05/2001	RECE MAY 1 C	
		First Named Inven	tor	CULVER, Craig F.	Man.	
		Group Art Unit		2674	T- W/17 1 6	
		Examiner Name		WU, Xiao Min	Teghnelegy Cel	
Total Number of Items in This Submiss	sion 9	Attorney Docket Nu	mber	IMM059A (51851-280	615)	
including Transmittal Form)	ENCLOSUR	L ES (check all that a	nnly)			
	I	LO (check an that a	. pp.y)			
▼ Fee Transmittal Form	Assignment Papers (for an Application)			After Allowance Communication Group		
☑ Fee Attached Check #55468 or RCE fee	☐ Drawing(s))		Appeal Communicati		
Amendment / Response	☐ Licensing-	icensing-related Papers		_		
☐ After Final	☐ Petition			Appeal Communicati (Appeal Notice, Brief		
☐ Affidavits/declaration(s)	Petition to Convert to a Provisional Application			☐ Proprietary Information	on	
☐ Extension of Time Request				☐ Status Letter		
☐ Express Abandonment Request		 Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) 		☑ Other Enclosure(s)		
☑ Information Disclosure Statement	☐ Terminal □			(please identify below): Express Mail Certificate – EV 127 640 537 US Transmittal Form		
Certified Copy of Priority	☐ Request fo					
Document(s)	☐ CD, Numb			PTO/SB/08A (formerly 1449); Request for Continued Examination		
Response to Missing Parts/ Incomplete Application				Return Postcard		
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Response to Missing Parts under 37 CFR				•		
1.52 or 1.53						
SIGNAT	LIRE OF APPI	LICANT, ATTORNE	Y OR	AGENT		
Firm or Goran P. Stojkovic				7.02.11		
ndividual name Reg. No. 45,841						
Signature Foram St	price					
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hereby certify that this correspondence is	being deposited	with the United Stats	rostal S	ervice s first class mail in	an envelope	
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PTO/SB/17 (01-03) se through 04/30/2003. OMB 0651-0032 : U.S. DEPARTMENT OF COMMERCE

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FEE TO AN OLUTTAL	Complete if Known					
FÉE TRANSMITTAL	Application Number	09/875,458	RECE			
MAY 1 3 2003 P for FY 2003	Filing Date	06/05/2001	TIECEIVE			
\mathcal{J}	First Named Inventor	CULVER, Craig F.	MAY			
Enective 0.1/01/2003. Patent fees are subject to annual revision.	Examiner Name	WU, Xiao Min	= 9 20n2			
Effective 01/01/2003. Patent fees are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27	Group / Art Unit	2674	(88)ÚBÍOBA OF			
TOTAL AMOUNT OF PAYMENT (\$) 750	Attorney Docket No.	IMM059A (51851-280615)	Teehnelegy Gentar 200			

TOTAL AMOUNT OF PATMENT (3) 750	Audii	еу Dоск	et NO.		39A (31031-200013)	
METHOD OF PAYMENT (check all that apply)				FEE C	ALCULATION (continued)	
		3. ADDITIONAL FEES				
☑ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order		Large Entity Small Entity				
Deposit Account:	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Deposit Account 16-1435	1051	130	2051	65	Surcharge - late filing fee or oath	
Number	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Deposit Account Kilpatrick Stockton LLP		130	1053	130	Non-English specification	
		2,520	1812	2,520	For filing a request for reexamination	
Name The Commissioner is authorized to: (check all that apply)	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any additional fee(s) during the pendency of this application		1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
☐ Charge fee(s) indicated below, except for the filing fee	1251	110	2251	55	Extension for reply within first month	
to the above-identified deposit account. FEE CALCULATION	1252	410	2252	205	Extension for reply within second month	
	1253	930	2253	465	Extension for reply within third month	
BASIC FILING FEE Large Entity Small Entity Small Entity	1254	1,450	2254	725	Extension for reply within fourth month	
Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$) Fee Paid	1255	1,970	2255	985	Extension for reply within fifth month	
, , , , , , , , , , , , , , , , , , , ,	1401	320	2401	160	Notice of Appeal	—
,,	1402	320	2402	160	Filing a brief in support of an appeal	
	1403	280	2403	140	Request for oral hearing	
1003 520 2003 260 Plant filing fee					Petition to institute a public use	\vdash
1004 750 2004 375 Reissue filing fee 1005 160 2005 80 Provisional filling fee	1451 1452	1,510 110	1451 2452	1,510 55	proceeding Petition to revive – unavoidable	
	1453	1,300	2452	650	Petition to revive – unintentional	
SUBTOTAL (1) (\$) 0	1501	1,300	2501	650	Utility issue fee (or reissue)	
2. EXTRA CLAIM FEES	1502	470	2502	235	Design issue fee	
Extra Fee from Fee	1503	630	2502	315	Plant issue fee	\vdash
Claims below Paid	1460	130	1460	130	Petitions to the Commissioner	
Total Claims -20 ** = 0 X = 0	1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	\vdash
Independent Claims -3 ** = 0 X = 0	1806	180	1806	180	Submission of Information Disclosure Stmt	
Multiple Dependent X = 0	8021	40	8021	40	Recording each patent assignment per property (times number of	
Large Entity Small Entity	4000	750	2022	275	properties)	
Fee Fee Fee Fee Description Code (\$) Fee Fee Description	1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1202 18 2202 9 Claims in excess of 20	1810	750	2810	375	For each additional invention to be	
1201 84 2201 42 Independent claims in excess of 3					examined (37 CFR § 1.129(b))	\vdash
1203 280 2203 140 Multiple dependent claim, if not paid	1801	750	2801	375	Request for Continued Examination (RCE)	750
1204 84 2204 42 ** Reissue independent claims over original patent	1802 900 1802 900 Request for expedited examination					
1205 18 2205 9 Reissue claims in excess of 20 and over original patent	Other fee (specify)					
SUBTOTAL (2) (\$) 0		, ,		. Ea- D	SIJ CURTOTAL (2)	
	Redu	ced by Ba	asic Filing	g ree Pa	eid SUBTOTAL (3) (\$) 750)
**or number previously paid, if greater; For Reissues, see above						

SUBMITTED BY Complete (if applicable)					
Name (Print/Type)	Goran P. Stojkovich	Registration No. Attorney/Agent)	45,841	Telephone	(336) 607-7300
Signature Foram Selborish			Date	5/13/2003	